

## DECLARATION

| · _X_ | ORIGINAL     |
|-------|--------------|
|       | CONTINUATION |
|       | DIVISIONAL   |

As a telownamed inventor, I declare that the information given herein is true, that I believe that I am the original, first and sole inventor if only one name is listed at 1 below, or a joint inventor if plural inventors are named below at 1-2, of the invention entitled:

## IMPROVED METHODS, APPARATUSES, AND USES FOR INFUSION PUMP FLUID PRESSURE AND FORCE DETECTION

| Whic                       | h is described and o                          |  |  |   |   |
|----------------------------|---|--|--|---|---|
|                            |   | attached specification or<br>specification in application Serial         | No. 09/819 208                                     | filed 3/27/01   | •   |
|                            | as a  | mended on  |  |   |   |
| and fo                     | or which a patent is                          | sought, and that my residence, p   | oost office address and                            | d citizenship are as stated below r                                       | ext to my name.   |
|                            | nowledge my duly to<br>lations §1.56(a).      | disclose information which is m  | aterial to the examinal                            | ion of this application in accordan                                       | ce with Title 37, Code of Federal   |
| I here<br>amen             | by state that I have<br>dment referred to a   | reviewed and understand the cobove.                                      | ntents of the above id                             | entified specification, including the                                     | e claims, as amended by any   |
| I here<br>and h<br>is clai | ave also identified b                         | ority benefits under Title 35, Unit<br>below any foreign application for | ed States Code, §119 patent or inventor's ce       | of any foreign application(s) for partificate having a filing date before | atent or inventor's certificate listed below<br>that of the application on which priority                                     |
|                            | R FOREIGN<br>ICATION(S)                       |  |  |   |   |
| COUN                       | ITRY  | APPLICATION NUMBER   |  | DATE OF FILING  | PRIORITY<br>CLAIMED UNDER   |
| บร                         |   | 60/243,392   |  | Month Day Year<br>10/26/00  | 35 U.S.C. 119<br>YES X NO   |
| us                         |   | 60/192,901   |  | 3/29/00   | YES X NO  |
| each c<br>States           | of the claims of this a<br>Code §112, I ackno | application is not disclosed in the                                      | e prior United States a<br>erial information as de | pplication in the manner provided fined in Title 37, Code of Federal      | r and, insofar as the subject matter of<br>by the first paragraph of Title 35, United<br>Regulations, §1.56(a) which occurred |
| Applic                     | cation Serial No.)                            |  | (Filing Da   | le)   | (Status)  |
| •                          | Send corres                                   | spondence to:  |  | DIRECT TELEPHONE CA   | ALLS TO:  |
| MiniMed Inc.               |   |  | Cary D. Talbot                                     | · · · · · · · · · · · · · · · · · · ·                                     |   |
|                            | 18000 Devo                                    | nshire Street  |  | (818) 576-5493  |   |
| •                          | Northridge,                                   | CA 91325-1219  |  |   |   |
|                            | LAST NAM                                      | ME FIRST NAME  | MIDDLE NAME  | Residence:  |   |

|   | LAST NAME                               | FIRST NAME  | MIDDLE NAME | Residence:    |                  |
|---|---|---|-------------|---------------|------------------|
|   |   |   |             | CITY          | STATE or COUNTRY |
| 1   | MOBERG                                  | SHELDON   | B.          | GRANADA HILLS | CALIFORNIA       |
|   | Post Office Address                     |   |             |               | CITIZENSHIP      |
|   | 11828 PASO ROBLES AVE                   | 11828 PASO ROBLES AVENUE, GRANADA HILLS, CA 91344 |             |               |                  |
|   | LAST NAME                               | FIRST NAME  | MIDDLE NAME | Residence:    |                  |
|   | l                                       |   |             | CITY          | STATE or COUNTRY |
| 2   | CAUSEY, III                             | JAMES   | D.          | SIMI VALLEY   | CALIFORNIA       |
|   | Post Office Address                     |   |             |               | CITIZENSHIP      |
|   | 2107 CUSHMAN COURT, SI                  | MI VALLEY, CA 9306                                | 3           |               | US               |
|   | LAST NAME                               | FIRST NAME  | MIDDLE NAME | Residence:    |                  |
|   | ł                                       |   |             | CITY          | STATE or COUNTRY |
| 3   | BARE                                    | REX   | 0.          | LAKE FOREST   | CALIFORNIA       |
|   | Post Office Address                     |   |             |               | CITIZENSHIP      |
| 22467 OVERLAKE DRIVE, LAKE FOREST, CA 92630 |   |   | US          |               |                  |
|   | LAST NAME                               | FIRST NAME  | MIDDLE NAME | Residence:    |                  |
|   |   |   |             | CITY          | STATE or COUNTRY |
| 4   | SCHERER                                 | ANDREW  | J.          | SAN DIMAS     | CALIFORNIA       |
|   | Post Office Address                     |   |             |               | CITIZENSHIP      |
|   | 111 MARSHALL COURT, SAN DIMAS, CA 91773 |   |             |               | U8               |

| 5 | LAST NAME   | FIRST NAME | MIDDLE NAME | Residence:<br>CITY | STATE or COUNTRY  |
|---|---|------------|-------------|--------------------|-------------------|
|   | SARGENT   | BRADLEY    | J.          | MISSION VIEJO      | CALIFORNIA        |
|   | Post Office Address 27562 PASATIEMPO, MISSION VIEJO, CA 92692 |            |             |                    | CITIZENSHIP<br>US |

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| SIGNATURE OF INVENTOR 1 Milder 1        | SIGNATURE OF INVENTOR 2                       |
|---|---|
| DATE 4/18/01                            | DATE 4-18-0                                   |
| SIGNATURE OF INVENTOR 3 Key O. Soure    | SIGNATURE OF INVENTOR 4 CONTROL OF INVENTOR 4 |
| DATE 4-16-0(                            | DATE A-16-01                                  |
| SIGNATURE OF INVENTOR 5 Budley J-Surgat | -   |
| DATE 4-16-01                            |   |